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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Onl	у
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING I OR TYPE OR PRINT		ole:If typing, type le lines		
1	PIEDMONT TRIAD ANESTI	HESIA P A FEDERAL	PAC			1
AD	DRESS (number and street)	145 KIMEL PARK	DRIVE SUITE 120			
	Check if different than previously reported. (ACC)	WINSTON-SALE	Л		C 27103]-
2.	FEC IDENTIFICATION NUM	IBER ₩	CITY 🛋	STA	TEA ZIPC	ODE 🛦
	C00435651		3. IS THIS REPORT	X NEW (N) OR	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On.	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report(Q		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	July 15 Quarterly Report(Q		ction	imary (12P)	General (12G)	Runoff (12R)
	October 15 Quarterly Report(Q	Report fo	or the: Co	onvention (12C)	Special (12S)	
	January 31 Quarterly Report(Y	E)	Election on		in th State	
	July 31 Mid-Year Report(Non-electio Year Only) (MY)	(d) 30-Day Post -E	ection X Go	eneral (30G)	Runoff (30R)	Special (30S)
	Termination Report	Report fo	or the:		in th	e No
	(1211)		Election on	11 02 201	State	1 110
5.	Covering Period 1 0	14 20	010	through 11	22 2010	
l ce	ertify that I have examined this I	Report and to the best	of my knowledge and	belief it is true, correct and o	complete.	
Тур	oe or Print Name of Treasurer	Mr. Theodore C.	Fyock			
Sig	nature of Treasurer Electro	nically Filed by Mr. 1	heodore C. Fyock	Date	11 29	2010
NC	OTE : Submission of false, erro	neous, or incomplete in	formation may subje	ct the person signing this Re	port to the penalties of 2 l	U.S.C 437g.
	Office Use Only				FEC FO (Rev. 12/	
	CANIOSC					

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		2 / 11		
Write or Type Committee Name PIEDMONT TRIAD ANESTHESIA P A FED	ERAL PAC			
Report Covering the Period: From:	1 4 Y Y Y Y Y Y 2 0 1 0	To: DDD YYYYY 2010		
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 2010		66773.05		
(b) Cash on Hand at Begining of Reporting Period	30554.34			
(c) Total Receipts (from Line 19)	3600.00	36000.00		
(d) Subtotal (add lines 6(b) and				
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34154.34	102773.05		
7. Total Disbursements (from Line 31)	0.00	68618.71		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34154.34	34154.34		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00			
This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)			

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 11

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period:

From:

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^D 14

2010

та.

м м 1 1 D D 22

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	3600.00	36000.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	3600.00	36000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3600.00	36000.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3600.00	36000.00
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	3600.00	36000.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 11

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		L
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	619.71
	Expenditures(c) Total Operating Expenditures	0.00	618.71
	(add 21(a)(i), (a)(ii) and (b))	0.00	618.71
2.	Transfers to Affiliated/Other Party		
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	1000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	67000.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	68618.71
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	0.00	68618.71

DETAILED SUMMARY PAGE

of Disbursements

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	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	3600.00	36000.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	3600.00	36000.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	618.71
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	618.71

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SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 11 (check only one) X 11a 11b 11c 12 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P	son for the purpose of soliciting contributions to solicit contributions from such committee.	
	A FEDERAL PAG	
Full Name (Last, First, Middle Initial) Dr. Terrence Almengual		Date of Receipt
Mailing Address 4248 Saddlewood Fo	10 31 2010	
City	State Zip Code	Transaction ID: SA11AI.4513
Winston-Salem	NC 27106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Piedmont Triad Anesthesia,	Occupation Anesthesiologist	\$200/Monthly
PA Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Vincent Castellano, III	Date of Receipt	
Mailing Address 5452 Brookberry Fari	m Road	1 0 3 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.4514
Winston-Salem	NC 27106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. David Colonna	_L	Date of Receipt
Mailing Address 387 Cedar Trails	M M / D D / Y Y Y Y Y Y 1 1 0 3 1 2 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.4515
Winston-Salem	NC 27104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthesiologist	\$200/Monthly
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		600.00

SCHEDULE A ITEMIZED REC	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 11 (check only one) X
or for commercial purp	oses, other than using the r	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fir		FEDERAL I	-40	
Dr. Kumar Dongre	20425 Staghorn Court			Date of Receipt
City Cornelius		State NC	Zip Code 28031	Transaction ID: SA11AI.4516 Amount of Each Receipt this Period
FEC ID number of of federal political com		C	20031	200.00
Name of Employer Piedmont Triad And P.A	esthesia,	Occupation Anesthes		\$200/Monthly
Receipt For: Primary Other (specify	General		Year-to-Date ▼ 2000.00	
Full Name (Last, Fir Dr. Paolo Flezzani		Date of Receipt		
Mailing Address 3	3270 Beroth Road	M M / D D / Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10		
City		State	Zip Code	Transaction ID: SA11AI.4517
Pfafftown		NC	27040	Amount of Each Receipt this Period
FEC ID number of of federal political com		С		200.00
Name of Employer Piedmont Triad And P.A	esthesia,	Occupation Anesthes		\$200/Monthly
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 2000.00]
Full Name (Last, Fir Dr. Greg Hardie	st, Middle Initial)			Date of Receipt
Mailing Address 1	619 Appian Way			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.4518
Clemmons FEC ID number of of		C	27012	Amount of Each Receipt this Period 200.00
federal political com Name of Employer Piedmont Triad And		Occupation		\$200/Monthly
PA Receipt For:		Anesthes Aggregate	iologist Year-to-Date ▼	
Primary Other (specify	General	33 - 3-40	2000.00	
OUDTOTAL (D.)	Lots This Page (optional)			600.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 11 (check only one) X
or for con	mation copied from such Reports and S nmercial purposes, other than using the E OF COMMITTEE (In Full) DMONT TRIAD ANESTHESIA P A	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Full N	ame (Last, First, Middle Initial)	FEDERAL	FAC	
	g Address 4232 Lake Cliffe Drive	Date of Receipt 1 0 3 1 2 0 1 0		
City Clem	nmons	State NC	Zip Code 27012	Transaction ID: SA11AI.4519 Amount of Each Receipt this Period
FEC I	D number of contributing all political committee.	C	27012	200.00
PA Recei	of Employer nont Triad Anesthesia, pt For: Primary General	Occupation Anesthese Aggregate		\$200/Monthly
Full N Dr. Cu	Other (specify) ▼ ame (Last, First, Middle Initial) urtis Johnsrude g Address 4416 Bent Tree Farm I	Date of Receipt 10 31 2010		
City		State	Zip Code	Transaction ID: SA11Al.4520
FEC I	ston-Salem D number of contributing all political committee.	NC C	27106	Amount of Each Receipt this Period 200.00
Name Piedm PA	of Employer nont Triad Anesthesia,	Occupation Anesthes		\$200/Monthly
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 2000.00	
	ame (Last, First, Middle Initial) uniel Kennedy	Date of Receipt		
Mailin	g Address 4255 Foxbury Court	10 31 2010		
City	rton-Salam	State NC	Zip Code 27104	Transaction ID: SA11AI.4521 Amount of Each Receipt this Period
Winston-Salem NC FEC ID number of contributing federal political committee.			27104	200.00
PA	of Employer nont Triad Anesthesia,	Occupation Anesthes	siologist	\$200/Monthly
	pt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 2000.00	
CUPTO	TAL of Receipts This Page (optional)	1		600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 11 (check only one) X 11a 11b 11c 12 13 14 15 16 11			
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to sold NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC				
Full Name (Last, First, Middle Initial) Dr. Frederick Alan Koontz Mailing Address 4246 Allistair Road City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date 2000.00	Date of Receipt M M J J J J J J J J J J J J J J J J J			
Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	Drive State Zip Code NC 27106 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / 2010 Transaction ID: SA11AI.4523 Amount of Each Receipt this Period 200.00 \$200/Monthly			
Full Name (Last, First, Middle Initial) Dr. Joseph Middleton Mailing Address 1901 Buena Vista Roa City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date 2000.00	Date of Receipt M M M J B B J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
SUBTOTAL of Receipts This Page (optional) .		600.00			

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 11 (check only one) X	
r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	vinformation copied from such Reports and Statements may not be sold or used by any person or commercial purposes, other than using the name and address of any political committee to s NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC			
Full Name (Last, First, Middle Initial) Dr. Suresh Penkar Mailing Address 4206 Garden Spring City Clemmons FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	Road State NC C Occupation Anesthes	Zip Code 27012	Date of Receipt M M J D D J 2010 Transaction ID: SA11AI.4525 Amount of Each Receipt this Period 200.00 \$200/Monthly	
Full Name (Last, First, Middle Initial) Charles Derek Reid Mailing Address 2145 Cherrywood Dr City Clemmons FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State NC C Occupation Anesthes		Date of Receipt M M M J D 3 1 2 0 1 0 Transaction ID: SA11AI.4526 Amount of Each Receipt this Period 200.00 \$200/Monthly	
Full Name (Last, First, Middle Initial) Dr. Michael Scannell Mailing Address 2185 Knight Road City Kernersville FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State NC C Occupation Anesthes Aggregate		Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.4527 Amount of Each Receipt this Period 200.00 \$200/Monthly	
SUBTOTAL of Receipts This Page (optional)			600.00	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 11 (check only one) X 11a
or for comm	ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) IONT TRIAD ANESTHESIA P A	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Mailing A City Winsto FEC ID federal p Name of Piedmon PA Receipt Pr	Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA		Zip Code 27104 n siologist e Year-to-Date ▼ 2000.00	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.4528 Amount of Each Receipt this Period 200.00 \$200/Monthly
Full Nam Or. Rona Mailing / City Winsto FEC ID federal p Name of Piedmon PA Receipt Pr	ne (Last, First, Middle Initial) ald Waterer Address 689 Lichfield Drive on-Salem number of contributing political committee. f Employer nt Triad Anesthesia,	State NC C Occupation Anesthes Aggregate	Zip Code 27104	Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: SA11AI.4529 Amount of Each Receipt this Period 200.00 \$200/Monthly
City Winsto FEC ID federal p Name of Piedmon PA Receipt Pr	ne (Last, First, Middle Initial) el Winters Address 4180 Dimholt Court on-Salem number of contributing political committee. f Employer nt Triad Anesthesia, For: imary General ther (specify)	State NC C Occupation Anesthese		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.4530 Amount of Each Receipt this Period 200.00 \$200/Monthly
SUBTOTA	AL of Receipts This Page (optional)			600.00
TOTAL TH	his Period (last page this line number o	only)		3600.00